

MAKE SURE TO ATTACH A VOIDED CHECK!!!!!!!

Commonwealth of Kentucky
Revised April 2, 2002

UPPS 15-W

DIRECT DEPOSIT FORM

Use this form to either begin (NEW—ONE ACCOUNT), (NEW—TWO ACCOUNTS), or stop (STOP/CHANGE). Please print all answers. Return the form to your payroll officer.

If you are applying to begin direct deposit, check with your bank or credit union to make sure it is a member of the Automated Clearing House (ACH). Banks, credit unions, and savings and loans can be members of ACH. You do not need to complete item H below if you can supply your payroll officer with a voided copy of one of your personalized checks so that the routing and account numbers can be verified.

If you want to stop direct deposit, complete only Items A-C, F and I.

EMPLOYEE

A. NAME: _____ B. SSN: _____
C. DEPT. OF: Revenue PHONE: _____
DIVISION: PVA UPPS CO#: _____

Check only one of the boxes below as to which action you want taken on this application.

- D. ☐ NEW—ONE ACCOUNT Check this box if you want to begin direct deposit. Complete Item G. Direct deposit will start within six weeks from the time the paperwork is processed.
- E. ☐ NEW—TWO ACCOUNTS Check this box if you want to begin your direct deposit and use two accounts and/or different banks. Complete Item G. Direct deposit will start within six weeks from the time the paperwork is processed.
- F. ☐ STOP/CHANGE Check this box if you wish to stop using direct deposit, or if you wish to change your existing direct deposit to one of the preceding. To stop, just sign under Item I. Direct deposit will be stopped within 15 days from the time your payroll officer submits the necessary paperwork. You do not need to complete any other items. To change, fill out another Direct Deposit Form and submit to your payroll officer. Direct deposit will start again within six weeks from the time the paperwork is processed.

G. ACCOUNT NUMBER INFORMATION. Choose which of the following three OPTIONS you want in direct depositing your net paycheck, and fill in other necessary information:

CHECK ONLY ONE OPTION

SAVINGS

CHECKING

- ☐
☐
☐

Deposit 100% of net to savings.

Deposit none to checking.

Deposit none to savings.

Deposit 100% to checking.

Deposit exactly \$_____ each pay period to savings.

Deposit the remainder to checking.

H. NAME & ADDRESS OF FINANCIAL INSTITUTION:

SAVINGS INSTITUTION INFORMATION ONLY

CHECKING INSTITUTION INFORMATION ONLY

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

We, the above designated institution, have verified that the ACCOUNT NUMBER INFORMATION shown above is correct.

SIGNATURE OF AUTHORIZED OFFICIAL: _____

DATE _____

DATE _____

I. EMPLOYEE SIGNATURE. I authorize and request the above indicated action be taken with regard to my account at the bank, credit union, or savings and loan, stated above. This authorization revokes all prior notifications as to my net pay. (If this form is establishing accounts, I understand that the bank, credit union, or savings and loan company reserves the right to cancel this agreement by notice to me.)

Signature: _____ Date: _____

DID YOU ATTACH A VOIDED CHECK???????????